

STRESS MANAGEMENT IN ALCOHOLIC PATIENTS

Mr. Shyju Thankachan Kuttivila* | Dr. Venu Lata Saxena**

*Research Scholar in Himalayan University, Itanagar in Arunachal Pradesh, India.

**Research Supervisor in Himalayan University, Itanagar in Arunachal Pradesh, India.

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ABSTRACT

Physical stress can be caused by excessive work -load or physical labor and easily relieved by relaxation but what is more difficult is mental stress and more so emotional stress. The relationship between stress and AOD use is complex. Most likely, however, stress and the body's response to it do play a role in the vulnerability to initial AOD use, initiation of AOD abuse treatment, and relapse in recovering AOD users. They are introduced to a new environment where they must navigate many unfamiliar social situations. During this time, they look to their new social groups to help them determine what new attitudes and behaviors are expected or appropriate. Similarly, alcohol use has been a part of human societies throughout recorded history, however, for the past several decades; it has increased in prevalence particularly among college students. The problem with drinking to relieve depression is similar to the problems described above with anxiety. Regular drinking changes the chemistry of the brain and, of particular relevance here, depletes the levels of the neurotransmitter serotonin. You're likely to start by seeing your primary health care provider. If your provider suspects that you have a problem with alcohol, you may be referred to a mental health provider. Those studies, which aim mainly to identify specific, stress-induced hormonal changes that mediate the effects of stress on AOD self-administration, primarily have examined the activity of a hormone system called the hypothalamic-pituitary-adrenal (HPA) axis.

Keywords: Physical stress, mental stress, primary health care provider.

ABOUT AUTHORS:



Author, Mr. Shyju Thankachan Kuttivila is Ph.D. Scholar at Himalayan University, Itanagar, Arunachal Pradesh, India.



Author, Dr. Venu Lata Saxena is Ph.D. Guide at Himalayan University, Itanagar, Arunachal Pradesh, India. She is active researcher with many publications in his name.

INTRODUCTION

Stress is a fact of life, wherever you are and whatever you are doing. You cannot avoid stress, but you can learn to manage it so it doesn't manage you. Changes in our lives—such as going to college, getting married, changing jobs, or illness—are frequent sources of stress. Keep in mind that changes that cause stress can also benefit you. Moving away from home to attend college, for example, creates personal-development opportunities—new challenges, friends, and living arrangements. That is why it's important to know yourself and carefully consider the causes of stress. Learning to do this takes time, and although you cannot avoid stress, the good news is that you can minimize the harmful effects of stress, such as depression or hypertension. The key is to develop an awareness of how you interpret, and react to, circumstances. This awareness will help you develop coping techniques for managing stress. For example, as an Army platoon leader, managing stress will require techniques that include an awareness of yourself and your Soldiers.

Physical stress can be caused by excessive work -load or physical labor and easily relieved by relaxation but what is more difficult is mental stress and more so emotional stress. To relieve the latter two stresses, it becomes important to train the brain. The key word here is 'Samta' which means equanimity in the philosophy of Jain. 'Samta' means to maintain one's composure in both favourable and unfavourable situations. A person who cannot bear any sort of physical, discomfort and becomes easily uncomfortable by slight heat or cold becomes more susceptible to diseases. There are some favourable situations in life because of which stress or mental tension arises. They are – success, happiness, fame, gain, respect, etc. Likewise there are 5 unfavourable conditions in life that lead to tension or depression – loss, ridicule, death, unhappiness, failure. Whenever we lose our balance we will become prey to stress. What is important is to be equanimous. One who knows how to create a balance between the favourable and unfavourable situations only he can maintain balance of mind and his composure. He has to find for himself what is good -loss or gain? Sometimes loss can become catalyst to a greater good as it can motivate a person to improve and work harder.

The relationship between stress and AOD use is complex. Most likely, however, stress and the body's response to it do play a role in the vulnerability to initial AOD use, initiation of AOD abuse treatment, and relapse in recovering AOD users. This relationship probably is mediated, at least in part, by common neurochemical systems, such as the serotonin, dopamine, and opiate peptide systems, as well as the HPA axis. Further exploration of these connections should lead to important pharmacological developments in the prevention and treatment of AOD abuse, including alcohol use disorders.

Research indicates that stress is part of daily life, it also documents that college students experience increased stress due to the complexity of college life. As observed by **Craig (2004)** vulnerability to using alcohol and drugs increases with an increase in risk factors dominating a person's life. This seems to be particularly true for college students. **Ford (2007)** observed that college presents a significant transition period in a young adult's life. It is a time when students are often no longer under direct parental supervision, and are faced with new social and academic pressures. It is also a time when they enter an environment where the use of intoxicating substances, mainly alcohol, is normative. They are introduced to a new environment where they must navigate many unfamiliar social situations. During this time, they look to their new social groups to help them determine what new attitudes and behaviors are expected or appropriate. Similarly, alcohol use has been a part of human societies throughout recorded history, however, for the past several decades; it has increased in prevalence particularly among college students. Research findings (**Dunn & Wang, 2003**) have identified many stressors and significant relationships between substance use during adolescence and young adulthood. It is also a fact that almost all cultures condone some use of alcohol in different situations, among them rituals that bear social and/ or religious significance (Craig, 2004). Although alcohol use has been associated with certain age-linked rites of passage such as important social events, celebrations and ceremonies (**Kinney, 2000; Peltzer & Malaka, 2001**), the culture of use has changed tremendously over the past several decades. As a result, adolescents and young adults live within a culture that has easy access to licit and illicit substances. Alcohol use does not occur within familial, social, and religious circumstances only but it is also found at different levels of the school system and work places with increased risk of misuse and abuse. With the loss of cultural rituals and traditions, substance use, particularly alcohol use among adolescents and young adults, continues to be excessive.

The problem with drinking to relieve depression is similar to the problems described above with anxiety. Regular drinking changes the chemistry of the brain and, of particular relevance here, depletes the levels of the neurotransmitter serotonin. This leads to the cyclical process of drinking to relieve depression, becoming more depressed as levels of serotonin become more depleted, thus needing more alcohol to medicate the depression. Increased alcohol consumption can also affect social relationships and work life, which in turn can contribute to depression. Alcohol depresses the central nervous system, and this can have a disinhibiting effect which can reveal or amplify our underlying feelings. This is one of the reasons that many people become

angry or aggressive in drunken state [Kathleen T. Brady et al1999].

Treatment

Near the end of the 18th century, the Pennsylvania physician Benjamin Rush described the loss of control of alcohol and its potential treatments (B. Rush 1784). His recommendations for remedies and case examples included practicing the Christian religion, experiencing guilt and shame, pairing alcohol with aversive stimuli, developing other passions in life, following a vegetarian diet, taking an oath to not drink alcohol, and sudden and absolute abstinence from alcohol. Through the 1800s and early 1900s, the temperance movement laid the groundwork for mutual help organizations, and the notion of excessive alcohol use as a moral failing. During the same period, inebriate asylums emerged as a residential treatment option for excessive alcohol use, although the only treatment offered was forced abstinence from alcohol (J. Baumohl 1990).

The founding of Alcoholics Anonymous (A.A.) in the 1930s (W. L. White, E. Kurtz, (2008).) and the introduction of the modern disease concept of alcohol use disorder (previously called "alcoholism") in the 1940s laid the groundwork for many of the existing treatment programs that remain widely available today. Over the past 80 years, empirical studies have provided support for both mutual support [A.A. and other support groups, such as SMART (Self-Management and Recovery Training)] and medical models of treatment for alcohol use disorder, as well as the development of new pharmacological and behavioral treatment options. In addition, there are several public health policy initiatives (e.g., taxation, restrictions on advertising, and outlet density) and brief intervention programs (e.g., social norms interventions) that can be effective in reducing prevalence of alcohol use disorder and alcohol-related harms.

DIAGNOSIS

You're likely to start by seeing your primary health care provider. If your provider suspects that you have a problem with alcohol, you may be referred to a mental health provider.

To assess your problem with alcohol, your provider will likely:

- **Ask you some questions related to your drinking habits.** The provider may ask for permission to speak with family members or friends. However, confidentiality laws prevent your provider from giving out any information about you without your consent.
- **Perform a physical exam.** Your health care provider may do a physical exam and ask questions about your health. There are many physical signs that indicate complications of alcohol use.
- **Suggest lab tests and imaging tests.** While there are no specific tests to diagnose alcohol use disorder, certain patterns of lab test results may strongly suggest it. And you may need tests to identify health problems that may be linked to your alcohol use. Damage to your organs may be seen on tests.
- **Complete a psychological evaluation.** This evaluation includes questions about your symptoms, thoughts, feelings and behavior patterns. You may be asked to complete a questionnaire to help answer these questions.

Neurobiological Connections Between Stress and Addiction

Animal studies have suggested that exposure to stress facilitates both the initiation and the reinstatement of AOD use after a period of abstinence (Kreek and Koob 1998). To better understand the biological basis of the effects of stress on AOD self-administration in animals, researchers have focused primarily on two neurobiological systems. The first system involves the organism's hormonal and subsequent biological responses to stress and the influence of those responses on the reinforcing effects of AODs. Those studies, which aim mainly to identify specific, stress-induced hormonal changes that mediate the effects of stress on AOD self-administration, primarily have examined the activity of a hormone system called the hypothalamic-pituitary-adrenal (HPA) axis.

This hormone system has three components:

- Corticotropin-releasing hormone (CRH), which is produced in a brain region called the hypothalamus
- Adrenocorticotrophic hormone (ACTH), which is produced in the pituitary gland located in the brain below the hypothalamus
- Glucocorticoid hormones, such as cortisol in humans and corticosterone in rodents, which are produced in the adrenal glands that are located on top of the kidneys.

REFERENCES

1. Kreek MJ, Koob GF. Drug dependence: Stress and dysregulation of brain reward pathways. *Drug and Alcohol Dependence*. 1998;51:23–47. [PubMed] [Google Scholar]
2. Kathleen T. Brady and Susan C. Sonne The Role of Stress in Alcohol Use, Alcoholism Treatment, and Relapse, 1999; 23(4): 263–271.
3. Craig, R. J. (2004). Counseling the alcohol and drug dependent client: A practical approach. NY: Pearson Education Inc.
4. Ford, J. A. (2007). Alcohol use among college students: A comparison of athletes and nonathletes. *Substance Use and Misuse*, 42, 1367- 1377.
5. Dunn, M. S. & Wang, M. Q. (2003). Effects of physical activity on substance use among college students. *American Journal of Health*, 18 (2/3), 126-132
6. Kinney, J. (2000). Loosening the grip: A handbook of alcohol information.(6th ed.). MA: McGraw-Hill Companies, Inc
7. Peltzer, K. & Malaka, D. (2001). Psychological correlates of substance abuse among South African University Students. *Social Behavior and Personality*, 29 (8), 799-806.
8. <https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/diagnosis-treatment/drc-20369250>
9. B. Rush, *An Inquiry into the Effects of Ardent Spirits upon the Human Body and Mind: With an Account of the Means of Preventing, and of the Remedies for Curing Them* (E. Merriam & Co., ed. 8 revised, 1784).
10. J. Baumohl, Inebriate institutions in North America, 1840-1920. *Br. J. Addict.* **85**, 1187–1204 (1990).
11. W. L. White, E. Kurtz, Twelve defining moments in the history of alcoholics anonymous. *Recent Dev. Alcohol.* **18**, 37–57 (2008).